



STATE OF CALIFORNIA
DATA EXCHANGE - CBT
 FRANCHISE TAX BOARD
 9646 BUTTERFIELD WAY
 SACRAMENTO CA 95827

DATA EXCHANGE TRANSMITTAL FORM – CITY BUSINESS TAX

Please complete the following information and forward this form with the data to the address shown below or email this form with the data through our Secure Electronic Communication (SEC).

Date:

Calendar Year Information:

CBT Number:

Number of Records Reported:

CITY CONTACT INFORMATION:

City of:

City Contact Person:

Address:

Telephone: () -

Email:

ZIP Code: -

TRANSMITTER INFORMATION: Only enter if transmitter is different than city named above.

Contact Person:

Address:

Telephone: () -

City:

ZIP Code: -

Email:

Media Characteristics: (CHECK ONE BOX ONLY)

Zip File:

CD-Rom:

MAILING ADDRESS

SHIPPING

ATTN:
 DATA EXCHANGE, CBT – MS L-120
 FRANCHISE TAX BOARD
 9646 BUTTERFIELD WAY
 SACRAMENTO CA 95827

U.S. MAIL:

ATTN:
 DATA EXCHANGE, CBT MS L-120
 FRANCHISE TAX BOARD
 PO BOX 942840
 SACRAMENTO CA 94240-6090

If you need assistance regarding this form, please call the Data Exchange Coordination Unit at (916) 845-3778